MSRS Minnesota State Retirement System
Your Foundation for Retirement

Participant's Authorization and Acknowledgment

1. HIPAA Disclosure

I,________________________________ , authorize ________________________________ to release medical information to the Minnesota State Retirement System (MSRS) and its medical advisors, including Managed Medical Review Organization (MMRO).

Medical information with respect to any physical or mental condition and/or treatment of me, including confidential information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse, and mental health.

I understand that if there are any expenses for releasing this information, it is my responsibility to pay those expenses.

I understand the information obtained will be included as part of the proof of claim and will be used to determine eligibility for benefits, return to employment opportunities, and assessment of ongoing treatment. **Any information obtained will not be released to any person or organization except MSRS and its medical advisors.**

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that I may request a copy of this Authorization. This Authorization shall become effective on the date appearing below my signature.

I understand I have the right to revoke this Authorization at any time by notifying MSRS in writing.

I understand that revoking this Authorization may impair the necessary processing of my application.

I, the undersigned, state that the information I provided in my disability application is complete and true to the best of my knowledge and belief. I understand that, by applying for disability benefits, I authorize my physician(s) to provide MSRS and their medical advisors, including MMRO, with my medical information.

Participant's Name (please print): ____

Participant's Date of Birth:____

Participant's Signature:____

Date: ______________________________

60 Empire Drive | Suite 300 | St. Paul, MN 55103-3000
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www.msrs.state.mn.us

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529 and ask to be connected to MSRS at 651-296-2761.